

<i>SERFF Tracking Number:</i>	<i>AGNN-125959013</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Variable Annuity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41181</i>
<i>Company Tracking Number:</i>	<i>VL 17291 VER 11/2008</i>		
<i>TOI:</i>	<i>A02G Group Annuities - Deferred Non-variable</i>	<i>Sub-TOI:</i>	<i>A02G.002 Flexible Premium</i>
<i>Product Name:</i>	<i>VL 17291 VER 11/2008</i>		
<i>Project Name/Number:</i>	<i>Annuity (GFAN-205) Master Application/VL 17291 VER 11/2008</i>		

Filing at a Glance

Company: The Variable Annuity Life Insurance Company

Product Name: VL 17291 VER 11/2008

SERFF Tr Num: AGNN-125959013 State: ArkansasLH

TOI: A02G Group Annuities - Deferred Non-variable

SERFF Status: Closed

State Tr Num: 41181

Sub-TOI: A02G.002 Flexible Premium

Co Tr Num: VL 17291 VER 11/2008 State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Adrienne Redd

Disposition Date: 01/05/2009

Date Submitted: 12/22/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Annuity (GFAN-205) Master Application

Project Number: VL 17291 VER 11/2008

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: This filing has not yet been approved in our domicile state of Texas.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 01/05/2009

State Status Changed: 01/05/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

December 22, 2008

VIA SERFF

Re: The Variable Annuity Life Insurance Company

SERFF Tracking Number: AGNN-125959013 State: Arkansas
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 41181
Company Tracking Number: VL 17291 VER 11/2008
TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.002 Flexible Premium
Product Name: VL 17291 VER 11/2008
Project Name/Number: Annuity (GFAN-205) Master Application/VL 17291 VER 11/2008

NAIC# 70238

FEIN# 74-1625348

Form# VL 17291 VER 11/2008 Annuity (GFAN-205) Master Application

Dear Mr. / Ms.:

The above-referenced form is enclosed for your review and approval. The filing does not contain any unusual or controversial items. This is a new form and does not replace any forms previously approved by your Department. The application is similar to VL 17291 VER 2/2005, previously approved by your Department on March 21, 2005, except that the form has been updated to incorporate new state regulation requirements.

This application will be issued with policy form GFAN-205 and GFAN-205P approved by your department on March 21, 2005.

Please feel free to contact me at 1(800)262-4764, ext. 8707 or via e-mail adrienne.redd@aigretirement.com if you need further information. My fax number is (713) 831-6932. I look forward to your formal notification of approval.

Sincerely,

Adrienne Redd
Legal Analyst

Enclosures

Company and Contact

Filing Contact Information

Adrienne Redd, adrienne.redd@aigretirement.com
2919 Allen Parkway (713) 831-8707 [Phone]
Houston, TX 77019 (713) 831-6932[FAX]

Filing Company Information

The Variable Annuity Life Insurance Company CoCode: 70238 State of Domicile: Texas

2929 Allen Parkway, L10-30	Group Code: 11	Company Type:
Houston, TX 77019	Group Name:	State ID Number:
(713) 831-1305 ext. [Phone]	FEIN Number: 74-1625348	

SERFF Tracking Number: AGNN-125959013 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation: TX's filing fee is \$100 per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Variable Annuity Life Insurance Company	\$100.00	12/22/2008	24664797

SERFF Tracking Number: AGNN-125959013 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/05/2009	01/05/2009

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Statement of Variability	Supporting Document	Adrienne Redd	12/22/2008	12/22/2008

SERFF Tracking Number: *AGNN-125959013* *State:* *Arkansas*
Filing Company: *The Variable Annuity Life Insurance Company* *State Tracking Number:* *41181*
Company Tracking Number: *VL 17291 VER 11/2008*
TOI: *A02G Group Annuities - Deferred Non-variable* *Sub-TOI:* *A02G.002 Flexible Premium*
Product Name: *VL 17291 VER 11/2008*
Project Name/Number: *Annuity (GFAN-205) Master Application/VL 17291 VER 11/2008*

Disposition

Disposition Date: 01/05/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNN-125959013 *State:* Arkansas
Filing Company: The Variable Annuity Life Insurance Company *State Tracking Number:* 41181
Company Tracking Number: VL 17291 VER 11/2008
TOI: A02G Group Annuities - Deferred Non-variable *Sub-TOI:* A02G.002 Flexible Premium
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Annuity (GFAN-205) Master Application		Yes

SERFF Tracking Number: AGNN-125959013 *State:* Arkansas
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Amendment Letter

Amendment Date:

Submitted Date: 12/22/2008

Comments:

The statement of variability is attached.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Statement of Variability

Comment:

VL 17291 VER 11-2008_SOV.pdf

SERFF Tracking Number: AGNN-125959013 State: Arkansas

Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 41181

Company Tracking Number: VL 17291 VER 11/2008

TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.002 Flexible Premium

Product Name: VL 17291 VER 11/2008

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Form Schedule

Lead Form Number: VL 17291 VER 11/2008

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	VL 17291 VER 11/2008	Advertising Annuity (GFAN-205)	Initial Master Application			40	VL 17291 VER 11-2008_John_Doe.pdf

The Variable Annuity Life Insurance Company (VALIC)

Houston, Texas

1. APPLICANT

Name (exact legal): ABC Schools Tax ID: 99-9999999
Mailing Address: 123 Main Street
City: Anywhere State: USA ZIP: 12345 Phone: (123) 456-7890

2. TYPE OF PLAN

Select all that apply:

☐ Traditional IRA ☐ Roth IRA ☒ Non-Qualified Deferred Annuity ☐ Other: _____

Name of Plan: _____

3. ADDITIONAL INFORMATION**4. REPLACEMENT**Is this a replacement of an existing annuity or life insurance contract? ☒ No ☐ Yes If yes, complete the following:

Insured's Name: _____

Policy Number(s): _____

Insurer's (Company) Name: _____

5. STATEMENTS/AGREEMENTS FOR GROUP FIXED ANNUITY CONTRACTS**Authorization:**

The Applicant represents that it has full authority to make this Application and enter into the contract. The Applicant has read and understands any applicable Fraud Warning information provided on the Information page of this form.

John Doe Anywhere, USA 12/19/08
Applicant's Signature Signed at City/State Date
Teacher
Applicant's Title

6. DEALER/LICENSED AGENT INFORMATION AND SIGNATURES

Licensed Agent (Print Name): Bill Agent VALIC Agent #/Location: 007 / 1234
Phone: (987) 654-3210 State License #: 4321

[To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. ☐ Yes ☐ NoDo you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity? ☐ Yes ☐ NoIf this is a replacement have you complied with all State Replacement Regulations and completed all required State Replacement Forms? ☐ Yes ☐ N/A

By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.]

Bill Agent 12/19/08
Licensed Agent's Signature Date

Broker Dealer (Print Name): ABC Insurance AgencyBranch Office Address: 321 Main StreetCity: Anywhere State: USA ZIP: 12345

Licensed Principal of Broker Dealer Signature

Date

AIG Retirement is the marketing name for the group of companies comprising AIG Retirement Advisors, Inc.; AIG Retirement Services Company; and The Variable Annuity Life Insurance Company (VALIC); each of which is a subsidiary of American International Group, Inc.

Information

[California Senior Disclosure: Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.]

FRAUD WARNING

In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

[Arkansas, North Dakota, South Carolina, South Dakota and Texas Residents

Only: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

Colorado Residents Only: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia, Kansas, Kentucky, New Mexico, Ohio and Pennsylvania

Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Florida Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.

Louisiana, Maryland and Massachusetts Residents Only: Any person who knowingly and wilfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and wilfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine, Tennessee, Virginia and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

Please send completed forms to:

[AIG Retirement Document Control
P.O. Box 15648
Amarillo, TX 79105-5648]

Overnight Delivery:

[AIG Retirement Document Control
2271 S.E. 27th Avenue
Amarillo, Texas 79103]

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNN-125959013 State: Arkansas
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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 12/19/2008
Comments:
Attachment:
FLESCH-AR.pdf

Review Status:

Satisfied -Name: Application 12/19/2008
Comments:
Attachment:
VL 17291 VER 11-2008_Filed.pdf

Review Status:

Satisfied -Name: Statement of Variability 12/22/2008
Comments:
Attachment:
VL 17291 VER 11-2008_SOv.pdf

CERTIFICATION

THE VARIABLE ANNUITY LIFE INSURANCE COMPANY, NAIC #70238, hereby certifies that the following form(s) comply with the Flesch scale of readability requirements of Ark. Stat. Ann. s 23-80-206 and s 23-80-207 as cited in the Life and Disability Insurance Policy Language Simplification Act.

<u>Form Number</u>	<u>Form Description</u>	<u>Flesh Score</u>
VL 17291 VER 11/2008	Annuity (GFAN-205) Master Application	40

Adrienne Redd

Adrienne Redd
Legal Analyst

December 22, 2008

Date

AR

**The Variable Annuity Life Insurance Company (VALIC)
Houston, Texas****1. APPLICANT**

Name (exact legal): _____ Tax ID: _____
Mailing Address: _____
City: _____ State: _____ ZIP: _____ Phone: (_____) _____

2. TYPE OF PLAN

Select all that apply:

☐ Traditional IRA ☐ Roth IRA ☐ Non-Qualified Deferred Annuity ☐ Other: _____

Name of Plan: _____

3. ADDITIONAL INFORMATION**4. REPLACEMENT**Is this a replacement of an existing annuity or life insurance contract? ☐ No ☐ Yes If yes, complete the following:

Insured's Name: _____

Policy Number(s): _____

Insurer's (Company) Name: _____

5. STATEMENTS/AGREEMENTS FOR GROUP FIXED ANNUITY CONTRACTS**Authorization:**

The Applicant represents that it has full authority to make this Application and enter into the contract. The Applicant has read and understands any applicable Fraud Warning information provided on the Informaion page of this form.

Applicant's Signature _____ Signed at City/State _____ Date _____

Applicant's Title _____

6. DEALER/LICENSED AGENT INFORMATION AND SIGNATURES

Licensed Agent (Print Name): _____ VALIC Agent #/Location: _____

Phone: (_____) _____ State License #: _____

[To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. ☐ Yes ☐ NoDo you have any reason to believe the annuity applied for will replace or change any existing life insurance or annuity? ☐ Yes ☐ NoIf this is a replacement have you complied with all State Replacement Regulations and completed all required State Replacement Forms? ☐ Yes ☐ N/A

By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.]

Licensed Agent's Signature _____ Date _____

Broker Dealer (Print Name): _____

Branch Office Address: _____

City: _____ State: _____ ZIP: _____

Licensed Principal of Broker Dealer Signature _____ Date _____

Information

[California Senior Disclosure: Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.]

FRAUD WARNING

In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

[Arkansas, North Dakota, South Carolina, South Dakota and Texas Residents

Only: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

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[AIG Retirement Document Control
2271 S.E. 27th Avenue
Amarillo, Texas 79103]

STATEMENT OF VARIABILITY

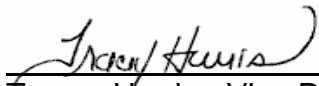
FORM: VL 17291 VER 11/2008

We have bracketed or determined that the following information will be variable. Any changes will be for future use only, and on a non-discriminatory basis. We have bracketed the following information:

Replacement Information: To allow for flexibility in the information collected and to make changes to comply with state or federal requirements. Replacement information will always be on the application as required, but may be subject to change based on state or federal updates.

INFORMATION:

- a. The following items are bracketed: to allow for changes in wording required because of a change in state or federal regulations. These items will appear on the application, but may be modified or new text may be added to comply with applicable regulations.
 - California Senior Disclosure
 - State specific Fraud Warnings
- b. The company contact information is shown as bracketed for situations where the information may change.



Tracey Harris - Vice President
The Variable Annuity Life Insurance Company

December 22, 2008
Date